Think back to the Ebola outbreak of 2014. Do you remember how many Americans contracted and died of the disease here in the United States?

The answer is zero.

When the outbreak began to spread beyond West Africa four years ago, our nation, our public health officials, marshalled our resources. We mobilized.

Not a single American citizen who contracted Ebola here in the U.S. died from the disease. Only two people contracted the disease on American soil, and they both recovered.

We stopped an epidemic here in the U.S., and saved dozens, hundreds, thousands of lives around the world.

OPIOID CALL TO ACTION

Throughout our history, we have tackled threats to our public health.

Yesterday, the opioid overdose epidemic killed 11 Ohioans. Today, it will kill 11 Ohioans. Tomorrow, it will

kill 11 Ohioans. The day after tomorrow, it will kill 11 Ohioans.

It's on the minds and in the daily lives of Ohioans across the state – including, I'd guess, some in this room. It's what I'd like us to devote the next hour to today.

As overdose deaths rise, month after month after month, life expectancy has actually declined in the U.S. for two straight years – the first time that's happened since I was at Brinkerhoff Elementary School and Johnny Appleseed Junior High School in Mansfield.

This is a public health emergency. Today, I'm calling for a comprehensive, coordinated, and sustained public health campaign to fight it through education and prevention, treatment, and recovery.

We cannot accept that life expectancy will continue to decline. That families will continue to be torn apart. That entire communities will be written off.

And we don't have to.

We can take the lessons of the past and apply them to the opioid crisis today.

TOBACCO

In 1964, 42 percent of American adults smoked. Then came “the Surgeon General’s Report on Smoking and Health.”

It was the first time the government publicly connected tobacco use with an increase in mortality. And it sparked a revolution, kicking off a half-century fight against death and disease caused by tobacco – a fight that continues today.

The percentage of American adults smoking has dropped to just 15 percent – from 42 to 15 percent. The American Medical Association’s journal estimates we’ve saved eight million American lives.

Before that Surgeon General report, public health efforts had rarely gone beyond infectious diseases. Tobacco was different.

Everyone got involved.

It was the federal government and public health officials.

It was also magazines, that took it upon themselves to refuse tobacco company ads in their publications.

And it was schools, that initiated efforts to curb student smoking.

And doctors, who stopped touting the benefits of tobacco and started asking patients about tobacco usage.

And journalists, who exposed tobacco companies' criminal actions.

And private organizations, like the Robert Wood Johnson Foundation, which invested millions in advocacy and research efforts to combat tobacco addiction.

And states and localities, which began efforts to restrict smoking in public places.

Congress stood up to tobacco lobbyists, passing legislation to require cigarette packages to display a warning. We banned TV and radio ads.

Class actions ensued, introducing the idea of manufacturer responsibility, holding tobacco companies accountable for the poison and death they were peddling.

In 1998, the Attorneys General of 46 states signed a Master Settlement Agreement with the four largest tobacco companies.

The Settlement included a prohibition on tobacco ads aimed at children and young people, and created the organization responsible for the Truth campaign.

These efforts have saved 8 million lives and billions in medical costs.

We now have the tools to help prevent that next generation from falling into big tobacco's death grip. And the same way we fight every year to keep Lake Erie clean, we continue to fight this fight.

It was just four years ago that CVS Caremark announced it would stop selling tobacco products at its nearly 8,000 American stores.

Recently, communities across the country – like Upper Arlington and Cleveland – successfully passed local initiatives to increase the age of tobacco sales from 18 to 21.

And even though the bought-and-sold legislature in Columbus has overturned local ordinances on gun safety and oil and gas drilling, they wouldn't dare overturn community efforts to protect our children from tobacco.

Just last month, the FDA announced plans to take action on flavors in e-cigarette products, to help ensure they aren't marketed to kids.

HIV/AIDS

Let's look at another deadly threat to our public health.

In 1981, it didn't cause much of a stir when the CDC's weekly newsletter reported five gay men in Los Angeles had all been treated for a type of pneumonia caused by a suppressed immune system. Two of them died.

But more clusters of men with similar symptoms appeared in cities across the country.

Scientists at the CDC and in the infectious disease community started to collect data and identify patterns and trends. By August 1982, the CDC coined a new name for a new disease – Acquired Immune Deficiency Syndrome. AIDS.

Good data gave us the map we needed to identify people who contracted HIV before they even showed symptoms. It's the same way we eradicated smallpox and identified people who may have Ebola during the height of that scare just a few years ago.

But HIV presented new challenges as a public health crisis. It didn't appear to target all segments of society equally.

Homophobia colored how everyone viewed this crisis – or whether they viewed it as a crisis at all. Before it was dubbed AIDS, the disease was originally called GRID—"gay-related immunodeficiency."

Political leaders chose to ignore people who were politically convenient to ignore. A president denied its existence. And as a result, we were unable to contain the spread of HIV and advance treatment options as quickly as we could have.

Our country failed and Americans lost their lives because of that failure.

Eventually, thanks to the hard work of activists, we changed the conversation. HIV went from a disease that only affected "those" people, to a problem we would all have to reckon with as a country. That helped spur more research, more investment, and eventually, a full-scale public health campaign that saved lives.

HIV mortality rates rocketed upward through the 1980s and early 90s. But they peaked in 1995. Accelerated drug development and research led to antiretroviral therapy.

The mortality rate has dropped more than 80 percent since its peak.

What was once a death sentence is now a chronic condition that can be managed.

We've also made tremendous advances in stopping Americans from contracting HIV in the first place.

We stepped up screenings, identified people most at risk, and deployed targeted prevention campaigns.

We funded research. We launched a public information campaign. We educated students on safe sex and condom use.

Our response to the AIDS crisis has been far from perfect.

But the evidence is clear – when we invest in comprehensive and coordinated public health campaigns, we save lives.

WHAT WE'VE DONE SO FAR

We have made important progress against opioids.

Congress just passed an additional $6 billion to flow to local communities over the next two years – and I made

sure Ohio was first in line for that funding. This new investment should at least double the resources Ohio is already receiving from the 21st Century Cures Act that Senator Portman and I worked together to help pass last year.

Rob and I may come from different parties, but when it comes to fighting for Ohio, we work as a team. Rob helped lead efforts to pass the Comprehensive Addiction and Recovery Act, or CARA, two years ago, and I was proud to support him.

Democrats and Republicans came together to pass my INTERDICT Act and President Trump signed it into law this year. In March, Congress voted overwhelmingly to fully funded that bill and now Customs and Border Protection agents can begin investing in hi-tech screening equipment and lab resources to detect and stop dangerous drugs like fentanyl before they enter the U.S.

Still, despite the progress we've made, it's not enough.

During my time in the Senate, I've held 334 roundtables and been to all 88 counties. And nearly everywhere I go, whether I'm talking to farmers about the next farm bill, or to local businesses about creating jobs, this addiction epidemic comes up.

I sat across from a father in Cincinnati, who looked me in the eye and told me he nearly lost his daughter to the opioid epidemic. I was grateful to get to meet his daughter that day. I've met far too many parents whose story didn't have a happy ending.

I've met with first responders overwhelmed by the number of overdoses they respond to every day. I've talked to coroners who are collecting data and identifying trends, and those trends terrify them.

One of my staff members was in Gallipolis, talking to the head of a local small bank, thinking he'd want to talk about small business lending. But instead, he wanted to talk about opioids.

An epidemic of this magnitude demands a full-scale public health campaign to match it. It must consist of three parts:

- One: education and prevention,
- Two: treatment, and
- Three: recovery.

EDUCATION AND PREVENTION

We can learn a lot about education and prevention from our successes against tobacco, and we can learn just as much from our failures elsewhere.

The “Just Say No” campaign deployed in the 1980s cost nearly $1 billion and had almost no effect.

By contrast, kids targeted by the FDA’s “The Real Cost” campaign were 30 percent less likely to start smoking.

Why? Because it was designed by experts, it was targeted, and it was tested.

We know what works. And we should use that experience to develop a targeted and effective education campaign against opioids.

Separately, we need to have real conversations about pain and the risks associated with drugs to treat it.

Nobody is saying we should go back to the days when we ignored pain – but we need to have strategies to manage pain that take addiction into account.

We should encourage providers to screen patients for potential substance abuse disorders, and to have meaningful conversations with patients about better pain management techniques.

We took an important step when we removed pain as a factor in how provider payments are calculated, something I heard from Ohioans about and asked CMS to do.

Medical schools should also reexamine the amount of time they spend teaching the next generation of doctors about the risks and benefits of different pain treatments.

While Congress has already provided some funding to the NIH for public-private partnerships to develop safer pain treatment options, we need to do more to research and invest in non-addictive alternatives.

Insurance companies should cover the alternatives we already have, like chiropractic services, the same way they cover addictive opioids. I wrote to insurers asking them to take these steps this year.

We must combine these with better efforts to track the incidence of addiction.

Remember how critical data was to tracking and stopping the spread of HIV and Ebola? We must employ those same strategies to track addiction if we're going to prevent it.

Finally, drug companies must be held accountable. There is no reason they should be able to advertise addictive substances directly to patients, much less get a tax credit for it.

We held big tobacco accountable for its past abuses. Pharmaceutical companies played a role in fueling this crisis and they are going to have to play a role in solving it.

TREATMENT

Of course, no matter how much education and prevention we do, some people will become addicted. We have to make it just as easy for Ohioans to seek treatment as it is to get opioids.

Right now, 90 percent of Americans with a substance use disorders aren't getting specialized treatment.

How do we fix that?

When the HIV epidemic was at its peak, Congress established Ryan White Clinics to provide free specialized care.

The good news is, we don't need brand new clinics. We already have community health centers and community mental health clinics.

We just need to give them the tools they need to meet increasing demands – and make sure patients can access their services.

Remember that father in Cincinnati I told you about?

His daughter is alive today because of Medicaid.
And yet, instead of working to strengthen the Medicaid expansion that is saving lives across Ohio, President Trump and Congressional Republicans have worked to eliminate it time and time again.

They ignored an important rule of public health – first, do no harm.

The rapid rise in HIV also sparked significant investment in different treatment options.

Today, a doctor can prescribe from more than 40 approved medications to treat HIV.

We have just three drugs approved for medication-assisted addiction treatment.

We need more. We need to require insurance companies to cover them and we need more doctors to prescribe them.

We also need more treatment beds.

Senator Portman and I have a bill to make more beds available right now, by lifting what's known as the 16 bed rule. This 50-year old policy prevents treatment facilities from serving more than 16 people covered by Medicaid at once.

President Trump should take action to end the rule immediately.

We also need to get people into the beds we have.

We've seen encouraging signs with states making naloxone more available to reverse overdoses and save lives.

But having naloxone available will not make a dent in this epidemic if it's not followed by getting the person into treatment and helping them manage their addiction.

Ohio communities understand this.

Lucas County has a program called DART – Drug Abuse Response Teams. After law enforcement is called in to respond to an overdose, they partner with drug treatment providers. Teams make follow-up visits to the survivor's house, offer counseling, and refer them to rehab facilities.

They've had a 74 percent success rate getting survivors into treatment.

Colerain Township, near Cincinnati, has a similar program and reports that 80 percent of their overdose survivors have entered treatment.

All over Ohio, innovative law enforcement officers are working to put people in treatment beds, not jail cells. We need to support their efforts.

As one sheriff in Boone County, Kentucky told the Cincinnati Enquirer, "We cannot arrest our way out of this crisis."

We cannot execute our way out either.

We know because of the failed response to the crack epidemic of the 80s and early 90s.

When African American communities were ravaged by addiction, we treated it as a criminal justice problem

instead of the public health crisis it was. It's a civil rights issue.

It's tragic that it took an epidemic ravaging white communities to change the conversation around addiction. But we are finally seeing the national media and policymakers begin to see addiction as the public health problem it has always been.

That doesn't mean the criminal justice system won't be part of our efforts. We cannot stop overdose deaths without aggressively going after drug traffickers.

As my friend and former head of the CDC, Dr. Tom Frieden, told me: It's not that more people are using opiates, but that the risk of dying among people using them has skyrocketed.

And those deaths will continue unless we stop fentanyl and other deadly synthetics from being added to heroin and other opiates.

The good news is, we can employ many of the same tactics we learned from tracking the spread of AIDS and Ebola to track the flow of fentanyl, and use new devices made possible by the INTERDICT ACT to stop it at the border and keep it off Ohio streets.

We have to do our part to support that work through public health.

Which brings us to recovery.

RECOVERY

We need to rid ourselves of the idea that we are going to completely "cure" everyone of addiction.

We haven't cured everyone of smoking. We expect people in AA will manage alcoholism the rest of their lives.

We've reduced the number of Americans dying young from heart attacks not because we've cured heart disease, but because we have doctors with an arsenal of tools for helping Americans manage and prevent it –from recommended diets to statins to regular checkups.

What if every time we went to the doctor we were screened for potential substance abuse disorder the same way we are for heart disease and other chronic conditions?

What if, in addition to filling out a form disclosing allergies to medications, we also answered questions

about whether we've struggled with, or have a family history of addiction?

And what if, when we went in for a routine surgery like a hip replacement, our doctors asked about any prior issues with addiction, and then altered our care plan and pain management accordingly?

Part of recovery is knowing what might trigger a relapse. And avoiding a professionally-induced relapse after surgery is something we can correct.

These efforts are going to take a healthcare workforce with an arsenal of non-addictive pain treatments, medication-assisted treatment, and regular check-ins and behavioral therapy.

We need to support Americans struggling with substance use disorder the same way we successfully help people struggling with any other health condition.

We would never suggest somebody with diabetes take insulin for a year or two, and then arbitrarily wean themselves off.

And we would never suggest that somebody struggling with depression stop seeing their therapist when their symptoms subside for a few weeks.

There may be some people who need to be on medication-assisted treatment for a prolonged period of time. Others may use 12-step programs and attend narcotics-anonymous meetings for the rest of their lives.

If we do this right, hundreds of thousands more Americans will never use an opioid.

But there will be hundreds of thousands more who have used opioids, but whose lives are not lost or ruined, who are living with and managing their addiction.

ANNOUNCE WORKFORCE TRAINING BILL

The same way we must support individuals in recovery, we must also support communities.

I hear the same thing from Mayors from New Philadelphia and Middletown and Chillicothe and Piqua: employers can't fill openings because workers can't pass drug tests.

And Ohioans struggling with addiction can't find a job to help them get back on their feet.

We already have federal grant programs that support addiction treatment. And we have programs that fund

workforce training. We know these programs can be successful separately, but this crisis requires them to work together.

That's why I'm introducing legislation this week to do just that.

My bipartisan bill will combine existing resources from the Departments of Labor and Health and Human Services to fund combined addiction treatment and workforce training efforts.

We know this model can work. We've seen it right here in Ohio.

Edwins Leadership and Restaurant Institute here in Cleveland plans to open a restaurant in Medina later this year to hire and train individuals struggling with addiction for careers in the restaurant industry.

My bill will build off of these success stories and fund more efforts like them.

CONCLUSION

What I've outlined today is not an exhaustive list of everything we must do. And none of these ideas on their own will solve the addiction crisis.

Threats we've faced in the past have rarely had one solution. Our fights against tobacco and HIV spanned decades and presidencies of both parties.

That's why we need a full-scale, comprehensive, coordinated public health campaign, designed by experts at the CDC, NIH, and the Office of National Drug Control Policy, informed by data, and coordinated across public and private entities.

The Administration must step up, put partisanship aside, put experts in charge, and launch a public health campaign that will endure beyond the next election cycle.

We have the best scientists and public health professionals in the world. We have the know-how. We need the political will.

On my lapel, instead of the Senate pin, I wear this pin depicting a canary in a birdcage, given to me by a steelworker at a Workers' Memorial Day rally in Lorain. I wear it as a reminder of the progress we have made in this country.

At the turn of the last century, workers took canaries down into the mines – if the canary stopped singing, it

meant there was poisonous gas, and the miners had mere minutes to get out.

Those workers didn't have a union strong enough or a government that cared enough to protect them.

In the 20th century, we changed all that – we ended child labor. We made factories safer. We vaccinated our children and wiped out diseases. We invented antibiotics. We reduced pollution.

We cut deaths from heart disease and cancer and car accidents. In 1950, the traffic fatality rate was 53 for every 100,000 licensed drivers. By 2015, it had dropped to just 16 per 100,000 licensed drivers.

We ended smoking as a national pastime. We prevented epidemics from SARS to Ebola.

And we did it all by expanding our sense of the possible – not retreating to partisan corners, but rising to the challenge together as a country.

Our public health system has eradicated smallpox, and has nearly eliminated polio. It has dramatically reduced smoking, and ended HIV as a death sentence. It has cut the number of Americans dying on our roads.

Let’s learn from our history.

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